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INDICATION FORM**

Application Number	09-761421
Filing Date	JANUARY 16, 2001
First Named Inventor	Robert L. Jones
Title	RECEIVED
Art Unit	CENTRAL FAX CENTER
Examiner Name	
Attorney Docket Number	FEB 13 2006

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Leslie A. Thompson	54584

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Leslie A. Thompson Esq. Registration # 54584		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Robert L. Jones	Date	1-30-06
Name	Robert L. Jones	Telephone	304-2378188
Title and Company	OWNER		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09761421
Filing Date	JANUARY 16, 2001
First Named Inventor	Robert L. Jones
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Leslie A. Thompson Esq. Registration No. 54584				
Address	3022 WARDEN ST. N.W.				
City	WASHINGTON	State	DC	Zip	20001
Country	USA				
Telephone	202-285-8714	Email	LATLAW@HOTMAIL.COM		

I am the:

☒ Applicant/Inventor.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Robert L. Jones		
Name	Robert L. Jones		
Date	1-30-06	Telephone	504 237 8158

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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